

CRISIS INTERVENTION DAILY TRACKING LOG

DATE: _____

UNIT: _____

Cell #	Youth's Name	JIRMS #	Unit	Rule Violation	SMI/MR Y or N	PLACEMENT STATUS		Placement Authorized by Name/Title	Placement Approved by Name/Title	Comments	Full Program Participation Y or N *	Date of Release & Time (AM-PM)	Medical Assessment Prior to Placement		
						Original Date of Placement & Time (AM/PM)	Reason*						Y	N	NA

*REASON:
1 - Administrative Segregation 2 - Protective Custody 3 - Pending Transfer 4 - Pending Reassignment 5 - Pending Investigation 6 - Removal from Programming 7 - More Restrictive Housing 8 - Suicide Watch 9 - Time-out

CUSTODY STAFF MEMBER'S SIGNATURE: _____ (Name/Title – AM) CUSTODY STAFF MEMBER'S SIGNATURE: _____ (Name/Title – PM)